

Branch	
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Account Opening Form – Individual/Sole Proprietor

Account Number

Accounts					
Transactional Accounts	Easy Transact <input type="checkbox"/>	Ordinary Cheque <input type="checkbox"/>	Selekt Silver <input type="checkbox"/>	Selekt Gold <input type="checkbox"/>	
Savings	Ipeelee <input type="checkbox"/>	SureSave <input type="checkbox"/>			
Investments	Call <input type="checkbox"/>	Fixed <input type="checkbox"/>	Notice <input type="checkbox"/>		
FCA	RSA <input type="checkbox"/>	USD <input type="checkbox"/>	EURO <input type="checkbox"/>	GBP <input type="checkbox"/>	

Personal Details	
Surname:	First Names:
T/A	
Title: Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	
Identity/Passport No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Registration No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date Registered <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
In Community of Property <input type="checkbox"/> Out of Community <input type="checkbox"/> Ante Nuptial Contract <input type="checkbox"/>	
Employer:	Tel No.:
Physical Address:	
How long have you been at this address:	
Residence: Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> Family <input type="checkbox"/> Company <input type="checkbox"/>	
Postal Address:	
Home Phone:	Work Phone:
Mobile Phone:	
E-mail Address:	

Spouse's Details	
Surname:	First Names:
Title: Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	
Identity/Passport No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer:	Tel No.:
Physical Address:	
Home Phone:	Work Phone:
Mobile Phone:	
E-mail Address:	

Next of Kin's Details (Not Living With the Applicant)	
Surname:	First Names:
Physical Address:	
Relationship to Applicant:	
Home Phone:	Work Phone:
Mobile Phone:	
E-mail Address:	

Accounts with Other Banks (Applicant)				
Bank	Branch	Account Name	Account Number	Duration

Cheque Book Requisition	
Provide cheque book containing:	40 <input type="checkbox"/> 100 <input type="checkbox"/> forms

E-Statements						
Client First Name and Surname:						
Title:	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	Other _____	
Postal Address						
(Note: This is the postal address to which statements for this account will be posted if traditional post is selected below. The Bank reserves the right to charge the client for mailed statements. Only applicable for monthly statements.)						
I/We the undersigned do hereby instruct Bank Gaborone to transmit/send my/our monthly account statement/s as per the below instruction:						
Account Number			Nominated E-mail Addresses			
1 <input type="text"/>			1 st			
Transmit statement for this account via (Mark selected option with an "X")			2 nd			
E-mail Only <input type="checkbox"/>	Post Only <input type="checkbox"/>		3 ^d			
Frequency (E-mail only)	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Bi-annually <input type="checkbox"/>	Annually <input type="checkbox"/>
Frequency (Post only)	Monthly <input type="checkbox"/>		Quarterly <input type="checkbox"/>	Bi-annually <input type="checkbox"/>	Annually <input type="checkbox"/>	

Disclaimer: I/We understand and accept that whilst Bank Gaborone will make every reasonable endeavour to ensure that the monthly statements are transmitted / sent as per the client instruction contained herein, the Bank cannot guarantee secure delivery to the nominated delivery address. The Bank will thus not be held liable for any loss whatsoever be it direct or consequential suffered by the client in the event that the statement is not received by the intended recipient/s.

Client: Authorised Signature 1	Initial and Surname	Date
Client: Authorised Signature 2 (If applicable)	Initial and Surname	Date

For Office Use Only	Received By	Date Received	Signature Verified	Date Captured on Phx	Date Captured on SES

Electronic Channels		
SMS Alertz <input type="checkbox"/>	Epula <input type="checkbox"/> Complete Epula application form.	Tobetsa Mobile Banking <input type="checkbox"/> Dial *187*247#

- Terms and conditions:
- I agree that in the use of the SMS Alertz services I indemnify the Bank against any and all claims relating to transaction information sent to me via my above cellphone number.
 - It is my responsibility to safeguard my mobile handset and/or Computer and keep any confidential information, including but not restricted to security procedures, codes, and personal identifiers secret in order to prevent unauthorized and fraudulent use. Loss of the handset/computer and/or suspicion of tampering must be reported immediately to the Bank. Bank Gaborone accepts no liability for transactions done via mobile banking where my PIN has been used.



Declaration by the Applicant

I/We, the undersigned

DECLARE AS FOLLOWS:

1. That according to my knowledge, all information contained in this application is true and correct, and I declare myself bound to all obligations, undertakings and information it contains or which may result from the banker-client relationship established by this document.
2. That the use and operation of my account shall be subject to such arrangements as the Bank may have in connection with the Electronic Clearing House, managed by the Bankers' Association of Botswana.
3. Should any overdraft facilities or other banking facility be granted to me, I declare and acknowledge that the following terms will apply to such facilities:
 - (a) The granting of facilities will be at the sole discretion of Bank Gaborone Ltd.
 - (b) Any facilities granted to me by the Bank may be cancelled by mere notice by the Bank and any amount(s) then outstanding will be immediately due and payable, or become due and payable, at the time indicated in such notice.
 - (c) I acknowledge that interest will be payable on any amounts taken up under the facilities. The rate of interest is to be determined by the Bank as its sole discretion and to be calculated on the date as the Bank may deem fit.
 - (d) Unless otherwise agreed to in writing, the Bank will be entitled to debit my account with the normal service charge/bank charges as determined from time to time by the Bank at its own discretion.
 - (e) The Bank will be entitled to vary the rate of interest from time to time. Differentiated rates of interest may be applied by the Bank to any transgression of the facilities.
 - (f) A fee may be payable on any part of the facility not taken up, such fee or rate thereof to be determined and/or varied from time to time, at the Bank's sole discretion.
 - (g) Notwithstanding non-enforcement of these terms or any concession under this agreement, the Bank will not be deemed to have waived any of its rights hereunder.
 - (h) A certificate signed by any manager or other competent official of the Bank (whose authority need not be proved) shall be *prima facie* evidence of the amount of my indebtedness to the Bank at the date stipulated in such certificate, as well as of the rate of interest then applicable in respect of the facilities, to such an extent that the Bank may obtain a Provisional Sentence of Summary Judgement thereon.
4. I hereby consent to jurisdiction of the courts of Botswana in respect to any claim or action arising hereunder, and elect the respective address(es) above as *domicilium citandi et executandi* for all purposes arising from this agreement.
5. I consent to payment of collection commission and legal fees on the attorney and client scale, as well as tracing fees in respect of claims arising from this document.

I certify that the above information is correct and grant permission for any source of information in respect of this application to be further investigated. I hereby grant permission for each source mentioned to furnish you with any information, including that which is regarded as confidential.

THUS DONE AND SIGNED at _____ on this _____ (day) of _____

Signature _____

Signature _____

Application for Visa Card	
Limits:	
Product	<input type="checkbox"/> Electron Card
Maximum Limit	BWP1 000.00
Daily ATM Limit (Account Holder):	
Product	<input type="checkbox"/> Electron Card
Amount Required	BWP1 000.00
Daily PoS Limit (Account Holder):	
Product	<input type="checkbox"/> Electron Card
Amount Required	BWP1 000.00

Amendment to Daily ATM Withdrawal and POS Purchase Limits			
<input type="checkbox"/> Debit Gold Card	<input type="checkbox"/> Debit Silver Card	<input type="checkbox"/> Electron Card	<input type="checkbox"/> Electron Jnr. Card
Point of sale Default Limit	Point of sale Default Limit	Point of sale Default Limit	Point of sale Default Limit
P10 000	P5 000	P2 000	P2 000
ATM Withdrawal Default Limit	ATM Withdrawal Default Limit	ATM Withdrawal Default Limit	ATM Withdrawal Default Limit
P5 000	P2 000	P1 000	P1 000
Maximum Limit Request	Maximum Limit Request	Maximum Limit Request	Maximum Limit Request
P20 000	P10 000	P5 000	P5 000

Amendment Information <i>(Choose and complete only the applicable fields)</i>			
1. <input type="checkbox"/> Amendment to daily ATM Withdrawal Limit: <i>(For temporary increases complete both fields)</i>			
<input type="checkbox"/> Increase	From: P <input type="text"/>	To: P <input type="text"/>	On: <input type="text"/>
<input type="checkbox"/> Decrease	From: P <input type="text"/>	To: P <input type="text"/>	On: <input type="text"/>
2. <input type="checkbox"/> Amendment to daily POS Purchase Limit: <i>(For temporary increases complete both fields)</i>			
<input type="checkbox"/> Increase	From: P <input type="text"/>	To: P <input type="text"/>	On: <input type="text"/>
<input type="checkbox"/> Decrease	From: P <input type="text"/>	To: P <input type="text"/>	On: <input type="text"/>

Declaration by Card Bearer and/or Account Holder

I hereby request Bank Gaborone Limited to amend the daily ATM withdrawal and/or POS purchase limit. I understand that this amendment is done at my own request and risk and that I shall not hold Bank Gaborone Limited liable for any losses that may arise from this request.

I also understand that should my card get lost/stolen, I will notify the bank immediately. If any fraud arises after notification to the bank, the bank will only reimburse up to the value of the default limits.

I the undersigned hereby accept the changes and agree to all the clauses of the conditions of issue and use of the Bank Gaborone Visa Electron or Debit Card as set out in the original application form which I have read.

Signature of Card Bearer _____ Date _____

Signature of Account Holder _____ Date _____

Additional Card – 1	
Daily ATM Limit:	
Product	<input type="checkbox"/> Electron Card
Amount Required	BWP1 000.00
Daily PoS Limit:	
Product	<input type="checkbox"/> Electron Card
Amount Required	BWP1 000.00
Surname:	First Names:
Title: Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	
Identity/Passport No <input type="text"/>	Date of Birth <input type="text"/>
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Physical Address:	
Relationship to Account Holder:	
Home Phone:	Work Phone: Mobile Phone:
E-mail Address:	

Condition

The default maximum limit is P1 000.00 and may be increased upon request by the applicant. In the event of fraudulent transactions on the account, the Bank will be liable for a claim not exceeding P1 000.00

Declaration by Card Holder

I, the undersigned, hereby accept the nomination and agree to all the clauses of the conditions of issue and use of the Bank Gaborone Ltd Visa Card as set out in this application and as outlined in the "Bank Gaborone Card Conditions" which I have read.

Signature of Main Card Holder 1 _____ Date _____

Signature of Card Holder 1 _____ Date _____

Signature of Card Holder 2 _____ Date _____

Additional Card – 2	
Daily ATM Limit:	
Product	<input type="checkbox"/> Electron Card
Amount Required	BWP1 000.00
Daily PoS Limit:	
Product	<input type="checkbox"/> Electron Card
Amount Required	BWP1 000.00
Surname:	First Names:
Title: Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	
Identity/Passport No <input type="text"/>	Date of Birth <input type="text"/>
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Physical Address:	
Relationship to Account Holder:	
Home Phone:	Work Phone: Mobile Phone:
E-mail Address:	

Condition

The default maximum limit is P1 000.00 and may be increased upon request by the applicant. In the event of fraudulent transactions on the account, the Bank will be liable for a claim not exceeding P1 000.00

Declaration by Card Holder

I, the undersigned, hereby accept the nomination and agree to all the clauses of the conditions of issue and use of the Bank Gaborone Ltd Visa Card as set out in this application and as outlined in the "Bank Gaborone Card Conditions" which I have read.

Signature of Card Holder 2 _____ Date _____

Declaration By Account Holder

I, the undersigned, hereby accept the nomination and agree to all the clauses of the conditions of issue and use of the Bank Gaborone Ltd Visa Card as set out in this application and as outlined in the "Bank Gaborone Card Conditions" which I have read.

Kindly link: (1) my Visa Card to my Cheque and/or Savings Account(s)*
 (2) Additional Card 1 to my Cheque and/or Savings Account(s)*
 (3) Additional Card 2 to my Cheque and/or Savings Account(s)*

* Please tick the preferred choice

Signature of Account Holder _____ Date _____



Bank Gaborone

Bank Gaborone Ltd. (Registered Bank) · Reg No: 2004/8812

For Office Use

RIM Information: _____ Class of Account Holder: _____
(New Banker, Banker, Wealth Seeker, Future Planner or High Net Worth)

Primary Account No: _____ Secondary Account No: _____

Primary Account Type: SAV _____ Secondary Account Type: SAV _____
(Transaction Account, Selekt 1 000, Selekt 5 000 etc.)

Completed by: _____ Checked by: _____
(Signature) (Signature)

Authorised by: _____

Manager's Notes

Approved Declined

Manager's Signature _____ Date _____